

## POWER BOILER REGISTRATION FORM

Date Received	STATE OF MAINE OFFICE OF LICENSING AND REGISTRATION <b>BOARD OF BOILERS &amp; PRESSURE VESSELS</b> #35 STATE HOUSE STATION AUGUSTA, MAINE 04333 TEL# (207) 624-8606 FAX # (207) 624-8636 HEARING IMPAIRED # (207) 624-8563
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**THIS FORM MUST BE SUBMITTED AT LEAST 30 DAYS PRIOR TO INSPECTION DATE**  
**CHECK ALL THAT APPLY:**

<b>Type of Installation:</b> <input type="checkbox"/> New <input type="checkbox"/> Existing <input type="checkbox"/> Relocation <input type="checkbox"/> Package/Field Erection	<b>Type of Boiler:</b> <input type="checkbox"/> Firetube <input type="checkbox"/> Watertube	<b>Boiler use:</b> <input type="checkbox"/> Power <input type="checkbox"/> Process <input type="checkbox"/> Heating <input type="checkbox"/> Other: _____
<input type="checkbox"/> New Installation <input type="checkbox"/> Alteration	<b>Requested Inspection Dates:</b> <b>Primary</b> _____ <b>Alternate</b> _____	
<b>Are data reports, building specifications, etc. available for review with this plan?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, all required data reports must be available at the time of the inspection.		<b>Has a variance been requested for this boiler installation?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### COMPANY INSTALLING BOILER

Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Telephone: (____) _____ - _____	

### BOILER OWNER INFORMATION

Name:		
Mailing Address:		
City:	State:	Zip Code:
Contact Person:	Telephone: (____) _____ - _____	

### EQUIPMENT INFORMATION

Manufacturer:	Code of Construction:
National Board #:	Jurisdictional #:

### BOILER LOCATION

Name of Building/Physical Location:		
City:	State:	Zip Code:
Name of Boiler & Machinery Insurance Company:		

